



Medical History Update

Dear Patient/Parent:

At this time it would be a good idea to update some information we have concerning you and your health. Please complete this form and return it before you leave today.

Name of patient: _____

Date of Birth : _____

Review of the Patient's Medical History:

Has there been any change of general health status or medication since treatment was started? If there is no change, please write "no change".

Please list ALL medication you are currently taking:

Have you had any change of address, telephone number, name, place of employment or insurance? If insurance has been obtained or changed, it would be best for us to obtain those benefits for you. Please update on the following lines. If there is no change, please write "no change".

Person completing this update (print please):

If other than the patient, please indicate relationship:

Signature: _____

Date: _____